

UNITED STATES DISTRICT COURT

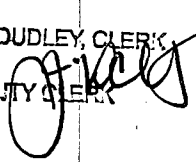
for the

Western District of Virginia

Civil Division

CLERK'S OFFICE U.S. DIST. COURT
AT HARRISONBURG, VA
FILED

JAN 21 2020

JULIA C. DUDLEY, CLERK
BY: 
DEPUTY CLERK

Case No. 5:20-cv-00002

(to be filled in by the Clerk's Office)

Karl Lentz

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

William Chapman Goodwin

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

| | | | |
|------------------|-------------------------|-------|----------|
| Name | Karl Lentz | | |
| Address | P.O. Box 542 | | |
| | Stuarts Draft | VA | 24477 |
| | City | State | Zip Code |
| County | USA | | |
| Telephone Number | (540) 245-0318 | | |
| E-Mail Address | courtofrecond@gmail.com | | |

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person’s job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

| | | | |
|---|-------------------------|-------|----------|
| Name | William Chapman Goodwin | | |
| Job or Title (if known) | | | |
| Address | 1 E. Johnson St | | |
| | Staunton | VA | 24401 |
| | City | State | Zip Code |
| County | USA | | |
| Telephone Number | (540)245-5320 | | |
| E-Mail Address (if known) | | | |
| <input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity | | | |

Defendant No. 2

| | | | |
|---|------------------|-------|----------|
| Name | Charles Ricketts | | |
| Job or Title (if known) | | | |
| Address | 1 E. Johnson St | | |
| | Staunton | VA | 24401 |
| | City | State | Zip Code |
| County | USA | | |
| Telephone Number | (540)245-5320 | | |
| E-Mail Address (if known) | | | |
| <input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity | | | |

Defendant No. 3

| | | | |
|---------------------------|---|-------|----------|
| Name | Paul A. Dryer | | |
| Job or Title (if known) | | | |
| Address | 1 E. Johnson St | | |
| | Staunton | VA | 24401 |
| | City | State | Zip Code |
| County | | | |
| Telephone Number | (540)245-5320 | | |
| E-Mail Address (if known) | | | |
| | <input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity | | |

Defendant No. 4

| | | | |
|---------------------------|---|-------|----------|
| Name | | | |
| Job or Title (if known) | | | |
| Address | | | |
| | | | |
| | City | State | Zip Code |
| County | | | |
| Telephone Number | | | |
| E-Mail Address (if known) | | | |
| | <input type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity | | |

II. Basis for Jurisdiction

- Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.
- A. Are you bringing suit against (check all that apply):
- ☐ Federal officials (a *Bivens* claim)
 - ☒ State or local officials (a § 1983 claim)
- B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?
- 9th Amendment; 14th Amendment ; 5th Amendment ; interferences with my Right to Due-Process; interference with my right to access a Public Building [còurthouse]
- C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
- Suit consists of: (1)Deceptive practices (mailing to locations that do not exist); (2)coercion ; (3)communication of threats ; see attached exhibits (exhibits will be available January 27 2020)

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?
- Augusta County, Virginia
-
- B. What date and approximate time did the events giving rise to your claim(s) occur?
- Approximately from November 2019 until Present date
- C. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*
- Complete Suit consists of: (1)Deceptive practices (mailing to locations that do not exist); (2)coercion ; (3)communication of threats ;
- Complete Suit will be attached along with the Exhibits on January 27, 2020

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Relief sought is:

- (1). the Right, my right to access and intercourse with the Office of the Court Clerk without
 - (a). threats of Incarceration, and/or;
 - (b). threats physical harm and/or;
 - (c). threats of amercement and/or;
- (2). the right, my right of i as one the people, to appear in Court as such;
- (3). the right, my right to made known as:
 - (a). to the nature of the charges and
 - (b). the nature of the Parties;
 - (c). who[m], by way of the name of the man, is to bear all liabilty [amercement] for non-suit or false charges;
- (4). Change of Venue, and/or;
- (5). the Right to exercise my right to due-process before a trial by jury of my equals and/or;
- (6). the right , my right to envoke the 9th Amendment;
- (7). if there is no government agent [judge] who suffers of a disabilty to try matters of common-lore/common-law, have one appoint[ed] who has an undertanding
- (8). to have the Case transferred to a nuetral and/or federal court;
- (9). i am not asking for any monetary compesation at time

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk’s Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk’s Office may result in the dismissal of my case.

Date of signing: January 21, 2020

Signature of Plaintiff

Printed Name of Plaintiff


KARL LENTZ

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

| | | |
|------|-------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| City | State | Zip Code |

Telephone Number

E-mail Address